Type (May 17, 2010) Amendment	Status Member of the U.S. State: NY Officer or Employee		Name: Thank L. Read To Davtime	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	
Termination	r or Employing Office: yyee		Davtime Telephone: フィフ・コンミ ミル	Form A For use by Members, officers, and employees	
than 30 days late.	A \$200 penalty shall be assessed	MC (Office Use Only)	2011 JAN 13 PH 2: 00		DELIVERED

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

the onse.	ered and	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	Yes No	Yes	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.
× ×	% 	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	<b>8</b> □	Yes No C	<ol> <li>Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?</li> <li>If yes, complete and attach Schedule IV.</li> </ol>
No L	Yes No	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	No	Yes No	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
∑ S	og eg	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?  If yes, complete and attach Schedule VII.	<b>ĕ</b>	Yes	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
<b>₹</b>	Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?  If yes, complete and attach Schedule VI.		Yes No	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.

# EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

<b>₹</b>	S S	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
₹	Yes	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Name	
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#### SCHEDULE I — EARNED INCOME

	THE TAX A STATE OF TAX	
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8/75 000	Salary	Law Office of Thomas W. Reed II PLCC
NA	Spouse Salary	Ontario County Board of Education
\$1,000	Spouse Speech	Examples: Civil War Roundtable (Oct. 2nd)
\$9,000	Legislative Pension	-
\$6,000	Approved Teaching Fee	Keene State
Amount	Туре	Source
curity Act.	fits received under the Social Security Act.	exceeding \$1,000. See examples below.  Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
int) totalling \$200 or	ployment by the U.S. Governme	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income.

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## SCHEDULE II -- PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

College. A figer engaloge to transmitting up us a more an increase in page more	0 7		
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2009	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2009	\$500
Ø			

Lyfe Insurance Northwest	east N.Y.	Branch	NYS Retirement	Real Estate N. 7.	thrat Heritage FCH		Mand T Bank		Examples:	SP, SP Mega Corp. Stock	provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that exceeds the reporting threshold. For retirement plans that exe not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.  Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK A  Asset and/or Income Source  Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (on not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments).
užiat.		) 1933	X	N0.V6		N. C	ingangiy			100	None > □	BLOCK B  Value of Asset  Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
	1-	-	114 (A) 3	40,569	277		*400000	-	Indefinite	23	\$1 - \$1,000 \$1,001 - \$15,000	cate oration o
×	×			13 mil	×		×	ि	E E	95	\$15,001 – \$10,000	oth year
333.4	1 333	-27.5		×					-	×	\$50,001 — \$100,000 m	Value value year. other toecify to be gifty to a sinual direction of the control
1,00,0	1 25						W.S.	x	(3)		\$100,001 - \$250,000	BLOCK B  Value of Asset  alue of asset at close of ear. If you use a valuation her than fair market value, cify the method used.  was sold during the reporting is included only because it income, the value should be
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	200 200										Over \$50,000,000	be a g
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	٠,				1		1		1	×	CAPITAL GAINS	BLOCK C  e of Ince note in the ince of
			4.64 te						Royalties		EXCEPTED/BLIND TRUST  Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK C  Type of Income  Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
×	×		×	×							None -	or che che
14.1				133	<b> </b>	K	×	1	0		\$1 - \$200	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <i>Including all IRAs</i> , indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
				ļ.	E			L	1 1	-	\$201 - \$1,000 <b>=</b>	Amo w you you m other a the g the g the w shou "None"
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		****	1 1/444	1	1	3(3)	1 3 4 12		+	-	\$2,501 <b>-</b> \$5,000 <b>&lt;</b>	BLOCK D  Amount of Income  ment plans or accounts that do you to choose specific invest- rou may write "NA" for income, ther assets, Including all IRAs, the category of income by the appropriate box below, the appropriate box below, the appropriate to the category the appropriate box below, the appropriate box below
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										S (partial)	= Z % Z % O 8	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME	END,, (	ARNE	Ö,	COME	111			Name	Thomas	3	es (	5	à	H	Page 5 of 9
BLOCK A Asset and/or income Source		Value	BLOCK B Year-End Value of Asset	set			BLOCK C Type of Income	ж с <b>ome</b>			Am	BLOO BLOO	BLOCK D  Amount of Income	me	BLOCK E Transaction
J C, SP,	None > \$1 - \$1,000	\$15,001 - \$50,000 D \$50,001 - \$100,000 M	\$100,001 - \$250,000 TS \$250,001 - \$500,000 PS \$500,001 - \$1,000,000 TS	\$1,000,001 - \$25,000,000 - \$5,000,000 -	\$25,000,001 ~ \$50,000,000 ~  Over \$50,000,000	NONE DIVIDENDS RENT	INTEREST CAPITAL GAINS	EXCEPTED/BLIND TRUST Other Type of Income	(Specify)	None -	\$1-\$200 = \$201-\$1,000 =	\$1,001 - \$2,500	\$5,001 - \$15,000 \( \leq \) \$15,001 - \$50,000 \( \leq \) \$50,001 - \$100,000 \( \leq \)	\$1,000,001 - \$5,000,000 \(\overline{\times}\)	Over \$5,000,000
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#### SCHEDULE IV - TRANSACTIONS

Name Thomas W. Red I

Page 6 of 9

	of Transaction	ansac	tion		Date			Amo	Amount of Transaction	# Tra	ınsacı	Xion		
resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent children or the purchase or sale of your personal pacificage upless it populates.				Capital d \$200	(MO/DAY/YR)	Ø	C	ַם	m 	ুলা	<u>.</u>		•	<b>x</b>
ates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	HASE	<del> </del>	ANGE	Box if ( sceede	Quarterly,			)	)  - \	) <u>                                    </u>	01-	01-	001-	····
Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200 check the "capital gains" have and dischase this income on School ile	PURC	SALE	хсн	neck I aln Ex	Bi-weekly, if	001- 5,000	,001 ,000	0,001	50,00 50,00	00,00	000,0	000,0	5,000 5,000 5,000	
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#### SCHEDULE V- LIABILITIES

Name Thomas W. Red I Page 7

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

	JT SP,	:					
		Example:	73				
	Creditor	First Bank of Wilmington, Delaware	GLC Student Leas	Commence of the Commence of th	errore e en		
	Type of Liability	Mortgage on 123 Main St., Dover, Del.	student loans				
מ	<b>W10100</b>	N. C.					
	\$15,001- \$50,000 \$50,001-				333	e e	HAVEN
기 <sub>&gt;</sub>	\$100,000 \$100,001-	×	×	¥\$\$			250
Amount of Liability	\$250,001-	( N. S.		ing ing			
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#### SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her

relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibi	Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.	
Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
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Page 8 of

### SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

a spouse or dependent child that is totally independent of his or her relationship to you. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to

Source	:	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamb	er of Commerce	Mar. 2	DC—Chicago—DC	Z		Z	None
Roycroft Corporation	ation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Υ	2 Days
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	-						
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						Vision & Succession	

#### SCHEDULE VIII—POSITIONS

Name Thomas W. Read II

Page 2\_ of 9\_

proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Position	Name of Organization
Single-member	Law office of Thomas W. Read II PLLC
ertner	
Partner	Bending River Estates LLC
Partner	Monkey Run Realty LLC
artner	Fritz- Klee Realty LLC
Director	Family Services, Inc. (non-paid volunteer)

#### SCHEDULE IX—AGREEMENTS

government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an employee welfare or benefit plan maintained by a former employer; or publication of a book. identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

Date	Parties To	Terms of Agreement
	none	